

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001281

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133Primary Registration District No. 3022Registrar's No. 7

STATE FILE NUMBER

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN BethanyLength of stay in 1b
9 yrsc. CITY
OR
TOWN BethanyInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Reid HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
South 12th St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Mahali

Middle

(None)

Last

Wagoner

4. DATE
OF
DEATH

Month

Jan.

Day

22

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-1-73

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Knox County, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J. A. Puls

13b. MOTHER'S MAIDEN NAME

Margaret Snooks

14. NAME OF HUSBAND OR WIFE

C. M. Wagoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

X

16. SOCIAL SECURITY NO.

B. L. Puls

17. INFORMANT

Gilman City, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MASSIVE HEMORRHAGE FROM ESOPHAGEAL VARICES

INTERVAL BETWEEN
ONSET AND DEATH

48 HOURS

PORTAL CIRRHOSIS

8 YEARS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/27/60 to 1/22/63 and last saw her alive on 1/22/63
Death occurred at 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.,

BETHANY, MISSOURI

22c. DATE SIGNED

1/24/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-24-63

23c. NAME OF CEMETERY OR CREMATORY

Miriam Cemetery

23d. LOCATION (City, town, or county)

Bethany,

Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. George Noble Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

1-24-1963

26. REGISTRAR'S SIGNATURE

Jella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0411

2 0411

3 2

4 1

5 2

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7 0

8 2

9 581.0

10

11

12 2-2

13 1-0

MAR 21 1967

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William George Noll

Licensed Embalmer No. 4987

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.